

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. *10/615 126*

FILING DATE

APPLICANT(S)

116106

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
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TOTAL DEP.								
TOTAL CLAIMS								